

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
101735009 | FILING DATE

APPLICANT(S)

11/12/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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TOTAL IND.			9			
TOTAL DEP.			17			
TOTAL CLAIMS			26			

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			